

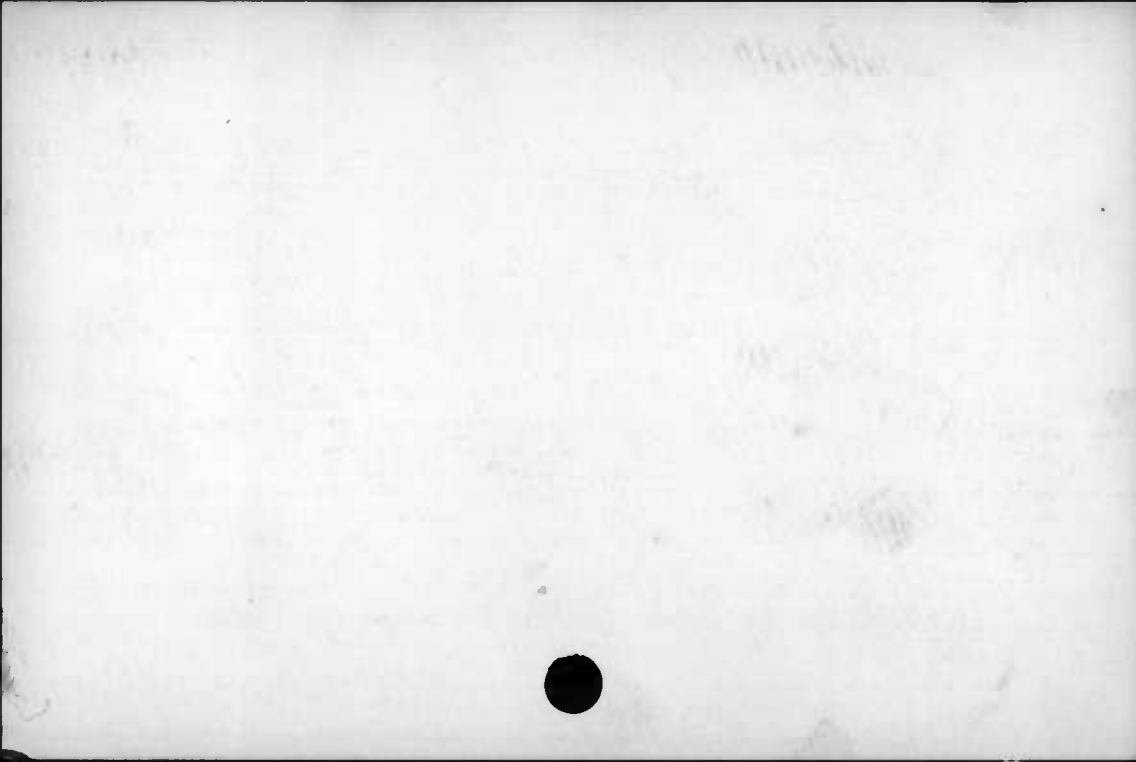
Name in Full		Anderson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Nicholson Farm</i>		County <i>Kent</i>		MARYLAND		
	Date of death	1908	Month	Apr	Day	8	Age
	Sex <i>Female</i>		Color or Race <i>African</i>		Years	Months	Days
	Occupation		Birth-place <i>Nicholson Farm</i>		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <i>John Anderson</i>		Father's Birthplace <i>Ind</i>				
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Agnes Miller</i>		Mother's Birthplace <i>Ind</i>				
	Name of person giving information <i>J. W. Anderson</i>		How related to deceased <i>Father</i>				
	CAUSES OF DEATH						<div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; font-size: 40px; margin: 0 auto;">S</div>
	Primary <i>Solar. Death</i>		How long				
	Immediate <i>Insidious Cord</i>		How long				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank W. Smith</i>					
		Address <i>Lanham</i>					
Accident or Suicide?		<i>Ind</i>					

D<sup>o</sup>. Harry Cleipero

Name in Full <b>William E. Biggers</b>		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>near Chestertown</b> Town <b>Kent</b> County		STATE OF <b>MARYLAND</b>	
	Date of death <b>1908</b>	Month <b>Apr</b>	Day <b>19</b>	
	Age <b>61</b>		Years <b>61</b>	
	Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Del</b>	
	Occupation <b>Farmer</b>	Where Residing if not at place of death		
	Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Frances Trulson</b>		
	Father's Name <b>Unknown</b>	Father's Birthplace <b>Unknown</b>		
Mother's Maiden Name <b>Unknown</b>	Mother's Birthplace <b>Unknown</b>			
Name of person giving information <b>Clarence Coleman</b>	How related to deceased <b>Son-in-law</b>			
CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary <b>Causes of Life</b>	How long <b>One year</b>	<div style="border: 2px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <b>39</b> </div>	
	Immediate <b>Exhaustion</b>	How long <b>several months</b>		
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>H. G. Lempert</b>		
		Address <b>Chestertown, Md</b>		
	Accident or Suicide? <b>No</b>			

Chester Cemetery  
Ferguson

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Rock Hall</i>		Town <i>Rock Hall</i>		County <i>Kent</i>
	MARYLAND				
	Date of death <i>1908</i>	Month <i>April</i>	Day <i>10</i>	Age <i>—</i>	Years <i>—</i>
	Sex <i>Male</i>		Color or Race <i>White</i>	Birth- place <i>Rock Hall Md.</i>	Months <i>—</i>
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		
	Father's Name <i>James A. Brannan</i>		Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Mattie Webb</i>		Mother's Birthplace <i>Kent Co.</i>			
Name of person giving Information <i>James A. Brannan</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Heart disease</i>		How long <i>12 hours</i>		
	Immediate <i>Apkhan shon</i>		How long <i>One hour</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Walter B. Jolly M.D.</i>		
	Address <i>Rock Hall, Kent Co.</i>		Accident or Suicide? <i>—</i>		



Name  
in  
Full

Mrs. Martha R. Graddock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bridgetown Town Kent County MARYLAND

Date of death 1908 April Month 2 Day 84 Years 2 Months — Days

Sex Female Color or Race White Birth-place Kent Co Md

Occupation none Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Joseph Graddock

Father's Name Jacob Maslin Father's Birthplace Virginia

Mother's Maiden Name Rosamund Lamb Mother's Birthplace unknown

Name of person giving information Saml. F. Vick How related to deceased daughter

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary Paralysis How long 14 weeks

Immediate Exhaustion How long 3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. W. Whelan M.D.

Chester Md

Accident or Suicide? —

10



Name in Full		Still Born Infant				Bovens		County		Kent		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		near Betterton		Town		County		Kent		MARYLAND	
		Date of death		1908		Month		April		Day		25	
		Age		Years		Months		Days					
		Sex		female		Color or Race		Blacks		Birth-place		md.	
		Occupation				Where Residing if not at place of death							
PHYSICIAN OR CORONER		Married, Single or Widowed				Name of Wife or Husband							
		Father's Name		Fred Bovens		Father's Birthplace		Kent Co Md.					
		Mother's Maiden Name		Isabella Cotton		Mother's Birthplace		Kent Co Md.					
		Name of person giving information		Fred Bovens		How related to deceased		father.					
		CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary				How long							
		Immediate		Still Born		How long							
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		DR. J. HORTON KELLEY					
						Address		STILL POND, MD.					
		Accident or Suicide?											

Leicester

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

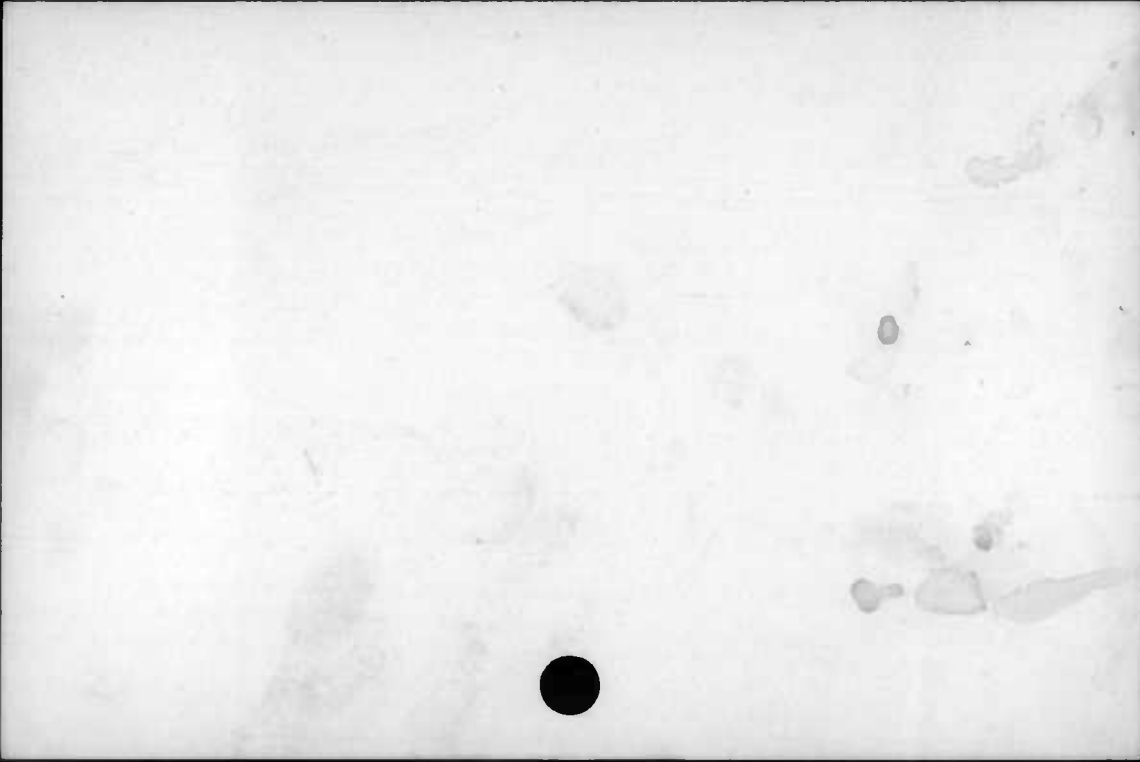
Died at <i>Millington</i>		Town <i>Millington</i>		County <i>Kent</i>		MARYLAND	
Date of death	1908	Month	4	Day	10	Age	about 80
Sex	Female		Color or Race	Black		Birth-place	Ind.
Occupation	Servant			Where Residing if not at place of death			
Married Single or Widowed	Single			Name of Wife or Husband <i>Hensley Harris</i>			
Father's Name	Not known			Father's Birthplace Not known			
Mother's Maiden Name	Not known			Mother's Birthplace Not known			
Name of person giving information	Edward Harris			How related to deceased Son			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>General debility</i>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician <i>Dr. W. H. Jacobs</i>
			Address <i>Millington Ind.</i>
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James Hatcher* County *Kent* MARYLAND

Died at *Home* *Johns* *Kent*

Date of death *1908* Month *Apr* Day *1* Age *63* Years Months *3* Days

Sex *Male* Color or Race *White* Birthplace *Unknown*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Catherine L Wood*

Father's Name *Vincent Hatcher* Father's Birthplace *Unknown*

Mother's Maiden Name *Mary Lefferberry* Mother's Birthplace *Unknown*

Name of person giving information *Barker Hatcher* How related to deceased *son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Complete Paralysis*How long *12 hours*Immediate *Convulsions*How long *12 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide? *No*



Name  
in  
Full

Ann Rebecca Hodges

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Chestertown* <sup>Town</sup> *Kent* <sup>County</sup>  
 Date of death *1908* <sup>Month</sup> *Apr.* <sup>Day</sup> *13* <sup>Years</sup> *Age* *20* <sup>Months</sup> <sup>Days</sup>  
 Sex *Female* Color or Race *negro* Birth-place *Kent Co.*  
 Occupation *House maid* Where Residing if not at place of death *Kent Co.*

Married, Single or Widowed *Single* Name of Wife or Husband *—*  
 Father's Name *Perry Hodges* Father's Birthplace *Kent Co.*  
 Mother's Maiden Name *Julia Thomas* Mother's Birthplace *Queen Anne Co.*  
 Name of person giving information *Perry Hodges* How related to deceased *Father*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *several*  
*as the* *about months*  
 Immediate *as the* How long *2 or 3 months*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Frank B. Hines*  
 Address *Chestertown.*  
*md.*  
 Accident or Suicide? *no*

Quaker Neck



Name  
in  
Full

Elizabeth-Catherine Mercer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Near Rock Hill<sup>County</sup> Kent

Date of death 1908 April

Day 12

Age Years 46

Months 2

Days 4

Sex Female

Color or Race White

Birth-place Germany

Occupation Housewife

Where Residing if not at place of death at place of birth -

Married, Single or Widowed Married

Name of Wife or Husband Henry Mercer

Father's Name John H Heinefeld

Father's Birthplace Germany

Mother's Maiden Name Margaret E Wienholt

Mother's Birthplace Germany

Name of person giving information Henry Mercer

How related to deceased Husband

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Heart Disease

How long 8 days

Immediate Exhaustion

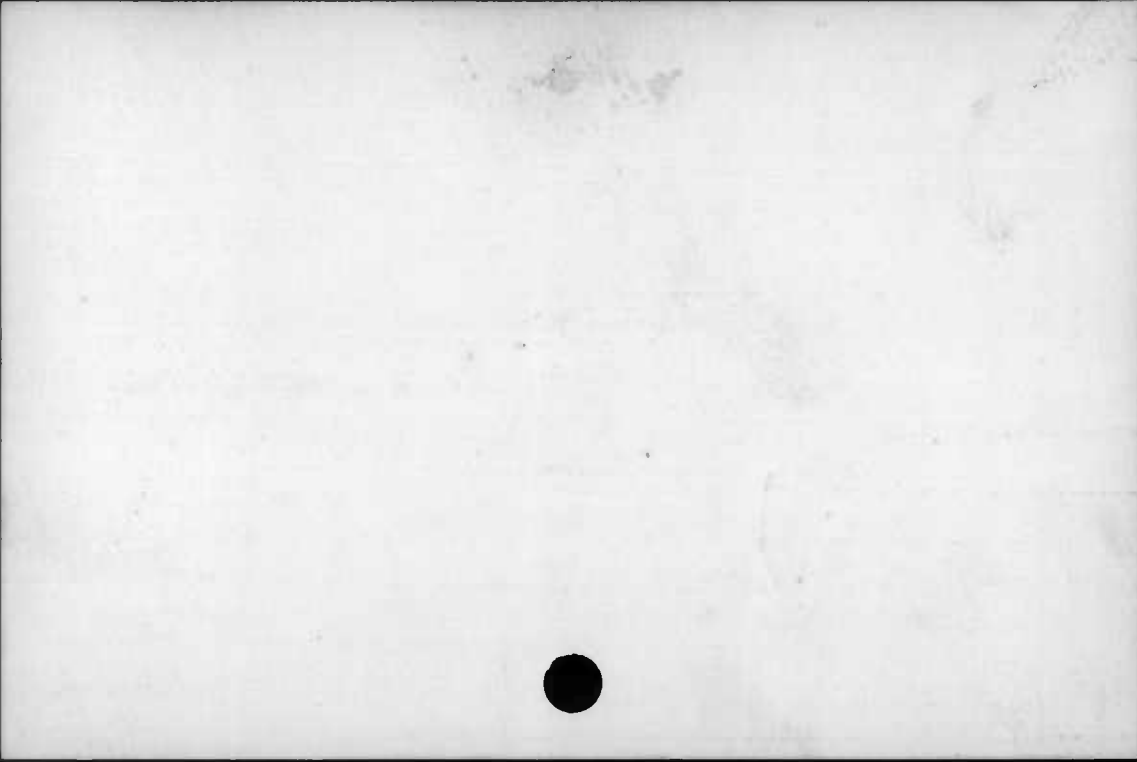
How long 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Walter J. Selby

Address Rock Hill, Md.

Accident or Suicide?



Name  
in  
Full

Rudolph Nichols

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Blue Belton</i>		County <i>Kent</i>		MARYLAND	
Date of death	1908	Month <i>Apr</i>	Day <i>10</i>	Age	Years <i>3</i>	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Col</i>		Birth-place	<i>Ind</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name		<i>Harry Nichols</i>				Father's Birthplace	<i>Ind</i>
Mother's Maiden Name		<i>Aminie Griffin</i>				Mother's Birthplace	<i>Ind</i>
Name of person giving information		<i>Mother</i>				How related to deceased	

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	<i>Broncho pneumonia</i>	How long	<i>12 hrs to 4</i>
Immediate	<i>As thevenia</i>	How long	<i>several days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. G. Timbers</i>
		Address	<i>Blue Belton</i>
Accident or Suicide?		<i>No</i>	

James M. S.

Name in Full <b>George Washington Parks</b>		CERTIFICATE OF DEATH	
Died at Town <b>Rock Hall</b> County <b>Kent</b>		MARYLAND	
Date of death Month <b>April</b> Day <b>23</b> Age <b>44</b> Years Months <b>4</b> Days <b>—</b>			
Sex <b>Male</b> Color or Race <b>White</b> Birth-place <b>Maryland</b>			
Occupation <b>Carpenter</b> Where Residing if not at place of death <b>Place of death</b>			
Married, Single or Widowed <b>Married</b> Name of Wife or Husband <b>Alveta Rolsson</b>			
Father's Name <b>William Parks</b> Father's Birthplace <b>Ma</b>			
Mother's Maiden Name <b>Munels Long</b> Mother's Birthplace <b>Ma</b>			
Name of person giving information <b>Alveta Rolsson</b> How related to deceased <b>Wife</b>			
CAUSES OF DEATH		(27)	
Primary <b>Phthisis Pulmonalis</b> How long <b>6 months</b>			
Immediate <b>Exhaustion</b> How long <b>1 month</b>			
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Dr. H. Schwatka MD</b>	
		Address <b>Rock Hall</b>	
Accident or Suicide? <b>no</b>		<b>Kent Co Md</b>	



Name  
in  
Full

Ann Rebecca Parrott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Still Pond</b> <small>Town</small>		<b>Kent</b> <small>County</small>		<b>MARYLAND</b>	
Date of death <b>1908</b>	<b>April</b> <small>Month</small>	<b>17</b> <small>Day</small>	Age <b>80</b> <small>Years</small>	<b>3</b> <small>Months</small>	<b>—</b> <small>Days</small>
Sex <b>female</b>	Color or Race <b>White</b>		Birth-place <b>Ind</b>		
Occupation <b>Not any</b>	Where Residing if not at place of death <b>—</b>				
Married, Single or Widowed <b>widow</b>	Name of Wife or Husband <b>Mr. B. Parrott</b>				
Father's Name <b>John Kelley</b>	Father's Birthplace <b>U.S.</b>				
Mother's Maiden Name <b>Susan Stanley</b>	Mother's Birthplace <b>U.S.</b>				
Name of person giving information <b>J. B. Parrott</b>	How related to deceased <b>Son.</b>				

CAUSES OF DEATH

How long

How long

How long

PHYSICIAN  
OR CORONER

Primary <b>Paralysis of Brain.</b>	How long <b>3 yrs. 9 mos. 15 days.</b>
Immediate <b>Apoplexy.</b>	How long <b>7 weeks, 5 days.</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes.</b>	Signature of Physician <b>DR. J. HORTON KELLEY</b>
	Address <b>STILL POND, MD.</b>
Accident or Suicide?	





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Belanco

County

Kent

Date

of death 1908

Month

Apr

Day

9

Age

Years

76

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Delaware

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Unknown

Father's  
Name

John Pearson

Father's  
Birthplace

Not known

Mother's  
Maiden Name

Don't know

Mother's  
Birthplace

" "

Name of person giving  
information

J H Pearson

How related  
to deceased

Son

## CAUSES OF DEATH

93

Primary

Bronchitis

How long

Several weeks

Immediate

Lobar Pneumonia

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

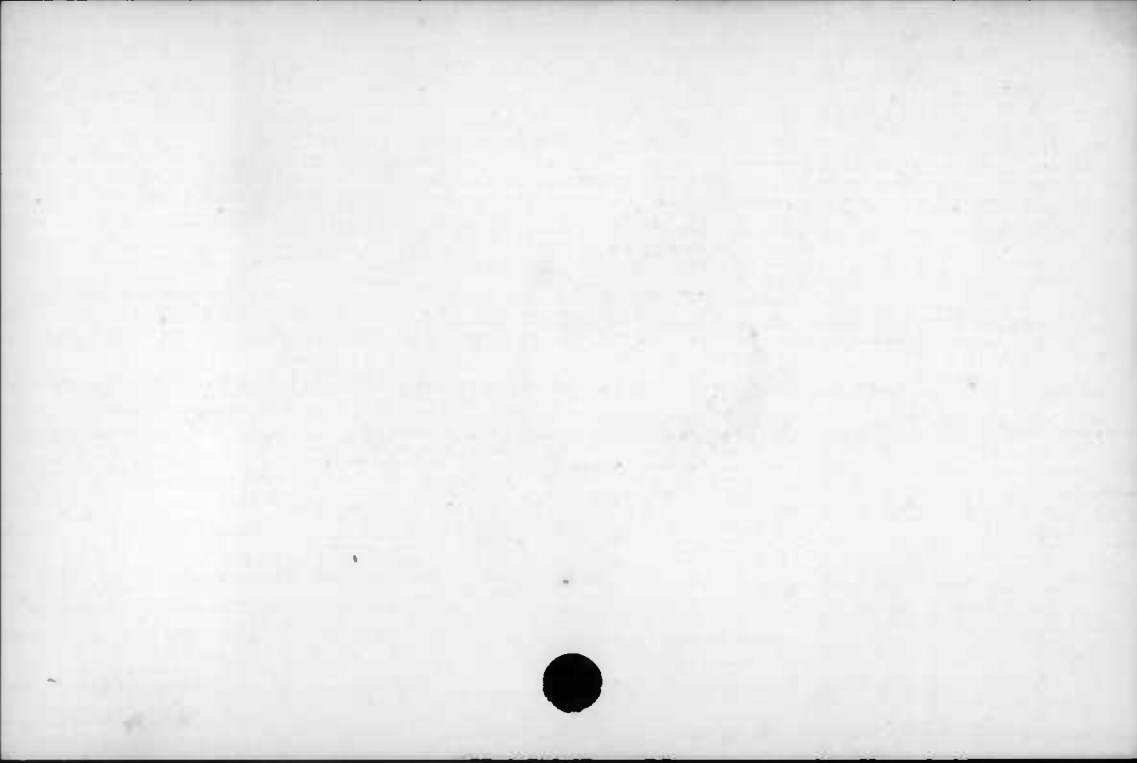
Signature of  
Physician

H M Jeter

Address

Millington, Md.

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Worton Point</i>		County <i>Neck</i>	
		Date of death <i>1908 Apr. 13</i>		Age <i>59</i>	
		Sex <i>Male</i>		Color or Race <i>African</i>	
		Occupation <i>Farmer work</i>		Where Residing if not at place of death	
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Larmina Halmonington</i>	
		Father's Name <i>George Langston Phillips</i>		Father's Birthplace <i>Ind</i>	
		Mother's Maiden Name <i>Rebecca Garrison</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>Larmina Phillips</i>		How related to deceased <i>Wife</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Interstitial Nephritis</i>		How long <i>3 yrs</i>	
		Immediate <i>Acute, Cystitis</i>		How long <i>6 wks</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Samuel Smith</i>	
		Accident or Suicide? <i>No</i>		Address <i>Sanhe Ind</i>	

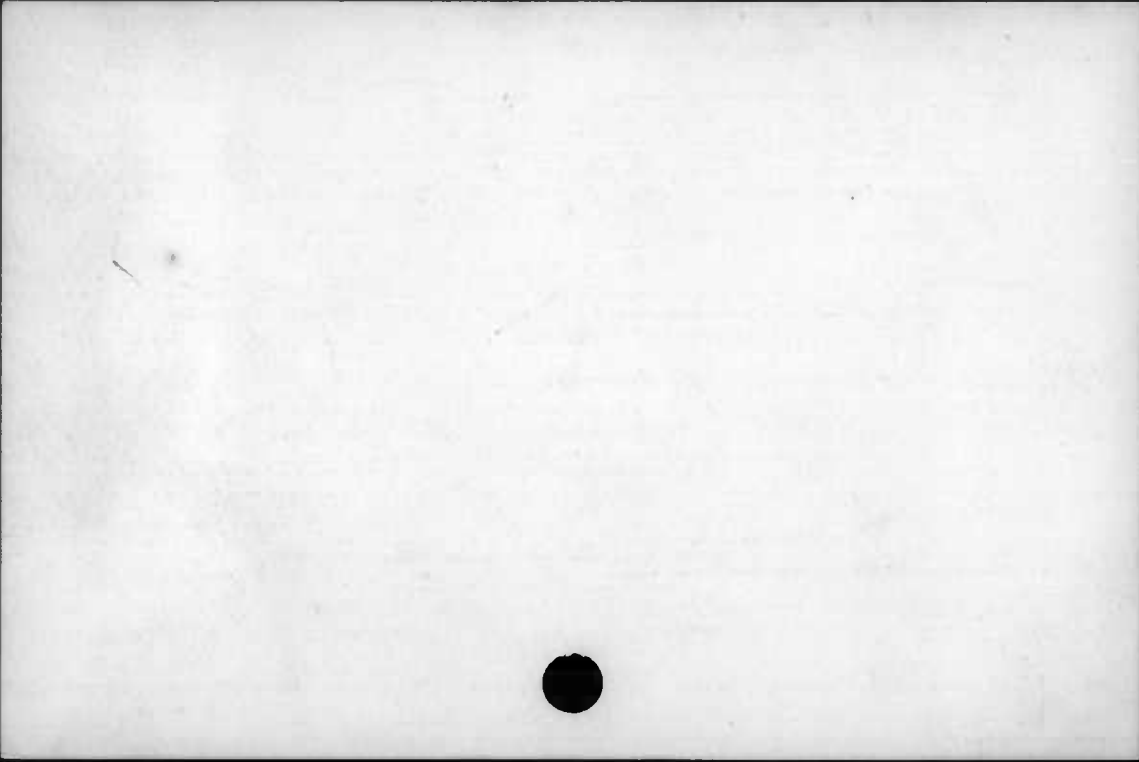
120

~~Jos Phillips~~  
~~Laruna Phillips~~

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Burial in  
St. George's, Cuttong  
Near Wootton Point,

Name In Full		Rebecca Ann Sewell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Near Rock Hall</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
		Date of death <u>1908</u> <small>Month</small> <u>April</u> <small>Day</small> <u>2</u>		Age <u>58</u> <small>Years</small>		<u>      </u> <small>Months</small> <u>      </u> <small>Days</small>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>	
		Occupation <u>House Wife</u>		Where Residing if not at place of death <u>      </u>			
		<u>Married</u> <small>Married, Single or Widowed</small>		Name of Wife or Husband <u>Thomas E. Sewell</u>			
PHYSICIAN OR CORONER		Father's Name <u>William East</u>		Father's Birthplace <u>Delaware</u>			
		Mother's Maiden Name <u>Anna Hyland</u>		Mother's Birthplace <u>Delaware</u>			
		Name of person giving information <u>Margaret Coleman</u>		How related to deceased <u>Sister</u>			
		CAUSES OF DEATH					
		104					
PHYSICIAN OR CORONER		Primary <u>Acute Indigestion</u>		How long <u>2 Hours</u>			
		Immediate <u>Apnea</u>		How long <u>12 Hours</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wm H. Schmitt, M.D.</u>			
		Accident or Suicide? <u>no</u>		Address <u>Rock Hall Kent Co Md</u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Annice Regina Shine</i>		Town <i>Mar. Robinson</i>		County <i>Kent Co.</i>		MARYLAND	
Died at <i>Mar. Robinson</i>							
Date of death	1908	Month	April	Day	10	Age	28
Sex	Female	Color or Race	White	Birth-place	Md. -		
Occupation	<i>Housewife</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Widowed</i>			Name of Wife or Husband <i>Wm. T. Shine -</i>			
Father's Name	<i>Wm. D. Carter -</i>			Father's Birthplace <i>Md. -</i>			
Mother's Maiden Name	<i>Mary Rosin -</i>			Mother's Birthplace <i>Md. -</i>			
Name of person giving information	<i>Wm. T. Shine -</i>			How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

4

PHYSICIAN  
OR CORONER

Primary	<i>Malaria -</i>	How long	<i>5 months -</i>
Immediate	<i>Multiple Mucitis { Cerebral and Respiratory Paralysis -</i>	How long	<i>6 weeks -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Harry L. Davis</i>	
		Address <i>Chickering, Md. -</i>	
Accident or Suicide? <i>—</i>			

Still Pond



Name  
in  
Full

Nancy Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near <u>near Coleman</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	Month <u>April</u>	Day <u>27</u>	Age <u>40</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>female</u>	Color or Race <u>black</u>		Birth-place <u>md</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>married</u>		Name of <del>Wife</del> or Husband <u>Thomas Smith</u>			
Father's Name <u>Philip White</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Amanda Wilmer</u>			Mother's Birthplace <u>md</u>		
Name of person giving information <u>Thomas White</u>			How related to deceased <u>Husband</u>		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<u>Bright's disease.</u>	How long	<u>one year.</u>
Immediate	<u>Heart failure.</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>W. S. Maxwell</u>	
		Address <u>Still Pond, Md.</u>	
Accident or Suicide? <u>-</u>			

Coleman. 1

Name  
in  
Full

Norman W Warner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

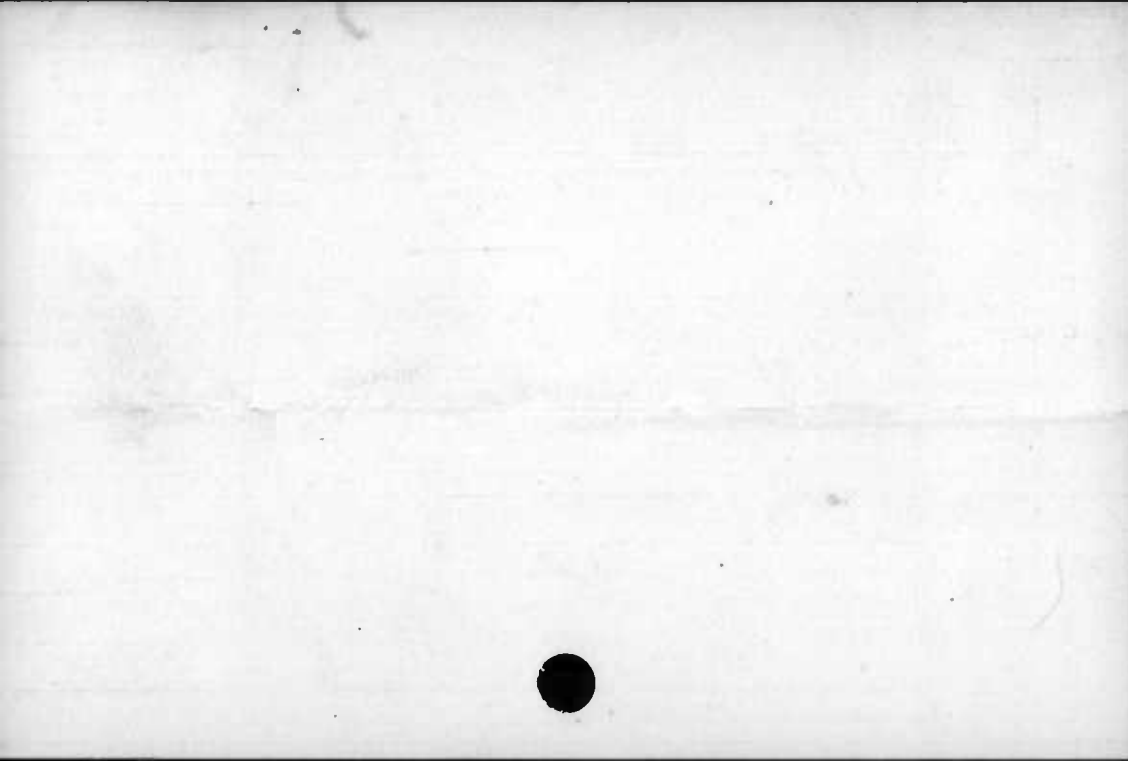
Died at <i>Baltimore</i> <sup>Town</sup>		<i>Kent</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Apr	Day	7
Age	Years		Months		Days
Sex	<i>male</i>	Color or Race	<i>col</i>	Birth-place	<i>md</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Edward Warner</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Polly Walker</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Father</i>			How related to deceased	

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>In am h</i>	How long	<i>since birth</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>ye</i>	Signature of Physician	<i>W. D. attending</i>
		Address	<i>164 Sumner Ave Local Board of Health Charleston</i>
Accident or Suicide?	<i>no</i>		



Name  
in  
Full

Still Pond Infant Wilmer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Still Pond</i>		Town <i>Still</i>		County <i>Stuart</i>		MARYLAND	
Date of death <i>1904</i>		Month <i>April</i>		Day <i>26</i>		Age <i>—</i>	
Sex <i>female</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Davis Wilmer</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Bertie Brooks</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Davis Wilmer</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born.</i>	How long	<i>(5)</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W.S. Maxwell</i>	
		Address <i>Still Pond, Md.</i>	
Accident or Suicide?			

Still Pond

Name  
in  
Full

Samuel C Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mulietta</u> <sup>Town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u> <sup>Year</sup>	<u>Apr</u> <sup>Month</sup>	<u>6</u> <sup>Day</sup>	Age <u>4</u> <sup>Years</sup>	<u>5</u> <sup>Months</sup>
Sex <u>Male</u>	Color or Race <u>Col</u>	Birth-place <u>Balto</u>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Evan C Wilson</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Emma Johnson</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Father</u>			How related to deceased		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <u>Chronic Bright</u>	How long <u>1 1/2 yrs</u>
Immediate <u>Arthritic</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>no dr attending at time of death</u>
	Address <u>114 Sempin Ave</u>
	<u>Local Board of Health</u>
Accident or Suicide? <u>No</u>	<u>Chlorobrom</u>

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